

Therapeutic Resources
Staffing the U.S. with Rehab Professionals
www.therapeuticresources.org
Phone: 541-389-7499
Fax: 888-394-2351



Name: _____

Have you ever received the Hepatitis B Vaccine?

_____ Yes, I have already received the vaccination series and have proof of immunity to Hepatitis B. Please sign below and provide documentation.

_____ NO, I have not received the vaccination series and I decline to accept it at this time. I understand that due to the risk of occupational exposure to blood or other potentially infectious materials in my job, I may be at risk of acquiring hepatitis B virus infection. I understand that by declining this vaccine, I continue to have occupational exposure to blood or other potentially infectious material and, if at any time, I want to be vaccinated I can receive the vaccination series at no charge. Please sign below.

_____ Yes, I have received the vaccination series but do not have documentation and I decline to receive the series again at this time. I understand that due to the risk of occupational exposure to blood or other potentially infectious materials in my job, I may be at risk of acquiring hepatitis B virus infection. I understand that by declining this vaccine, I continue to have occupational exposure to blood or other potentially infectious material and, if at any time, I want to be vaccinated I can receive the vaccination series at no charge.

Signature _____ Date: _____